

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
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42	1					
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45						
46						
47	1					
48						
49						
50	3					
TOTAL IND.	←		←		←	
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52		3				
53		3				
54		3				
55	1	3				
56	1					
57	1					
58	1					
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99						
100						
TOTAL IND.	←		←		←	
TOTAL DEP.	10		58			
TOTAL CLAIMS	68					